United States Bankruptcy Court		PROOF OF CLAIM
Name of Debtor: Superior Air Parts, Inc.	Case Number 08-3670	)5-bjh11
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Zanzi. S.p.A.	Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number:	
Name and address where notices should be sent:		
Zanzi, S.p.A. Corso Vercelli, 159		
10015 Ivera, Italy	(If known)	
Telephone number:	Filed on:	
Name and address where payment should be sent (if different from above):	☐ Check th	is box if you are aware that
Same	anyone e	lse has filed a proof of claim o your claim. Attach copy of
		t giving particulars.
Telephone number:		is box if you are the debtor in this case.
1. Amount of Claim as of Date Case Filed: \$ 1,431,531./6	5. Amount	of Claim Entitled to
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	any portone of the	under 11 U.S.C. §507(a). If tion of your claim falls in ne following categories, e box and state the
If all or part of your claim is entitled to priority, complete item 5.	amount.	
☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		priority of the claim.
2. Basis for Claim: GOODS SOID		support obligations under . §507(a)(1)(A) or (a)(1)(B).
(See instruction #2 on reverse side.)  3. Last four digits of any number by which creditor identifies debtor:		alaries, or commissions (up
3a. Debtor may have schednled account as:	before fi	50*) earned within 180 days ling of the bankruptcy
(See instruction #3a on reverse side.)  4. Second Claim (See instruction #4 on reverse side.)	business	or cessation of the debtor's , whichever is earlier – 11
4. Secured Claim (See instruction #4 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		507 (a)(4).
Nature of property or right of setoff:   Real Estate   Motor Vehicle   Other		tions to an employee benefit U.S.C. §507 (a)(5).
Nature of property or right of seton:   Real Estate   Motor venicle   Other   Describe:	□ Up to \$2,	,425* of deposits toward
Value of Property:\$ Annual Interest Rate%	purchase, lease, or rental of property or services for personal, family, or	
Amount of arrearage and other charges as of time case filed included in secured claim,		d use – 11 U.S.C. §507
if any: \$Basis for perfection:	1	penalties owed to
Amount of Secured Claim: \$ Amount Unsecured: \$		ental units – 11 U.S.C. §507
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	☐ Other—S	Specify applicable paragraph
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase	of 11 U.	S.C. §507 (a)().
orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements.	Amou	int entitled to priority:
a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)	S	
SCANNING. 4/1/10 and eve		re subject to adjustment on every 3 years thereafter with ases commenced on or after
If the documents are not available, please explain:	the date of a	udjustment.
Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the control of the contr	reditor or	FOR COURT USE ONLY
other person authorized to file this claim and state address and telephone number if different from address above. Attach copy of prover of attorney, if any.	the notice	[
PRESIDENT & CEO		
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